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<b>SHIP FROM</b>							
Name:	bill of lading			Bill of Lading Number: _____			
Address:				<b>BAR CODE SPACE</b>			
City/State/Zip:							
SID#:							
<b>SHIP TO</b>				<b>CARRIER NAME:</b> bill of lading			
Name:			Location #:			Trailer number:	
Address:						Seal number(s):	
City/State/Zip:						<b>SCAC:</b>	
CID#:				FOB: <input type="checkbox"/>		<b>Pro number:</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				<b>BAR CODE SPACE</b>			
Name:							
Address:							
City/State/Zip:				<b>Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>)</b>			
<b>SPECIAL INSTRUCTIONS:</b>				Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____			
				<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading <small>(check box)</small>			
<b>CUSTOMER ORDER INFORMATION</b>							
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SKIP <small>(CIRCLE ONE)</small>		ADDITIONAL SHIPPER INFO	
666		1		<input checked="" type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
				<input type="radio"/> Y	<input type="radio"/> N		
<b>GRAND TOTAL</b>							
<b>CARRIER INFORMATION</b>							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small> <small>See Section 2(e) of NMFC Item 380</small>	LTL ONLY
QTY	TYPE	QTY	TYPE				NMFC #
15						VHS tapes	
						<b>RECEIVING STAMP SPACE</b>	
<b>GRAND TOTAL</b>							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD Amount: \$ _____	
						Fee Terms:   Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. • 14706(c)(1)(A) and (B).</b>							
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>						<b>Shipper Signature</b>	
<b>TRAILER LOADED:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver						<b>FREIGHT COUNTED:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
						<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>	



Insert this side into recorder

Do not touch the tape inside

MS

**comfort control**  
David Ian Bellows/Griess  
bill of lading, 2019

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